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Vendor Relations

The Prescription Project promotes evidence-based prescribing and works to eliminate conflicts of interest in medicine due to pharmaceutical marketing to physicians.

It is promoting policy change by working with

- *State and Federal Policymakers*
- *Academic Medical Centers*
- *Professional Medical Societies*
- *Private Payers*

Created with The Pew Charitable Trusts, the Project is led by Community Catalyst in partnership with the Institute on Medicine as a Profession.

A Toolkit for Academic Medical Centers

I. Introduction

In the last decade, pharmaceutical and medical device industry sales representatives (vendors) have often had relatively unrestricted access to large academic medical centers (AMCs), community hospitals, and physicians' offices. At many hospitals, vendors are allowed to enter freely, wandering the halls looking for physicians to whom they can market their products.¹ The pharmaceutical industry employs about 100,000 sales representatives² (not including device company representatives), amounting to one pharmaceutical representative for every eight physicians.³

Vendor presentations are often accompanied by gifts and meals that have been shown to influence prescribing. Indeed, the pharmaceutical industry spends around \$35,000 per physician in marketing (including samples), a substantial sum that produces significant returns on investment.⁴ Moreover, industry sales representatives frequently do not provide complete and accurate information regarding the efficacy of their products.⁵

Health care organizations have a duty to provide quality, evidence-based care, and create an educational environment that is free of the undue influence of pharmaceutical and device industry marketers. Institutions must also ensure the privacy of their patients. To this end, leading AMCs have recently begun to adopt policies that limit the access of pharmaceutical and device industry representatives to students, residents, physicians and patients. Most policies controlling the access industry representatives have to medical center areas require: registration of all vendors; badges for vendors that distinguish them from hospital employees; access to physicians only by prior appointment; and, no gifts or meals.⁶

This toolkit is one in series prepared by the Prescription Project to assist medical schools and teaching hospitals developing new policies to address the conflicts of interest that arise from pharmaceutical and medical device industry marketing. For further assistance or more information, please email policy@prescriptionproject.org.

II. Policy Considerations

- **Restrict interactions between industry representatives and staff to meetings by appointment only**

Vendors should not be allowed to enter hospital areas without an appointment. AMCs with established policies require that vendors sign in on each visit with the vendor liaison office, where they can verify that the vendor has an appointment. Vendors can be cited for attempting to speak with a physician without an appointment. One medical school has streamlined the appointment process by processing all requests electronically. Additionally, any physician who never wants to meet with a vendor can elect to have all requests automatically denied.

- **Trainees**

Policies governing the frequency of interaction students and residents have with industry representatives have been shown to affect future attitudes and behavior of those physicians.⁷ Some AMCs have taken specific steps to limit the nature and frequency of interactions between trainees and industry representatives.

- **Patient Privacy**

The presence of pharmaceutical representatives in clinical-care areas presents concerns about patient privacy and about the proximity of sales personnel to the point of prescribing. Many AMCs have adopted policies restricting vendor representatives to non-patient care areas.

- **Device Representatives**

Device representatives present a unique policy challenge. Physicians often require training on new technologies by device industry representatives. Training should take place by appointment only, and be clearly differentiated from sales activities.

- **Compliance with state and local law.**

In some jurisdictions, communications for the purpose of selling, marketing or influencing a decision to purchase any product using public funds is classified as lobbying. At least one major AMC requires all pharmaceutical and medical device representatives to register as lobbyists and file annual expenditure reports.

Implementation Strategy

- **Establish a process for determining who is responsible for enforcing vendor liaison policies**

The AMCs with effective vendor liaison policies have created offices or have designated personnel to administer the policy. It is especially important that the responsibilities of implementing the policy are not added onto employees' already full workloads. One AMC was able to completely fund their vendor relations office through fees levied on all registered vendors.

- **Establish a compulsory registration process for any sales or marketing representatives who will be on medical center grounds for work purposes**

All AMCs with policies restricting vendor access have required vendors to register and wear badges clearly identifying them as industry representatives and not hospital personnel. Vendors are also required to sign a copy of the policy certifying that they have read and understood it. One AMC also required all vendors to attend an education session to go over the policy and its purpose, and to provide a venue for vendors to express their questions and concerns. This ensures that all vendors are aware of the policy and, if violations occur, they cannot argue that they were not aware of the change.

- **Create mechanism to replace industry information**

Many AMCs that have adopted policies limiting vendor access have turned to clinical pharmacists or other pharmaceutical specialists to provide information on new drugs. Also, pharmacy and therapeutics committees can be proactive about reviewing new drugs, so that physicians working within the system can be confident that if a new drug is worthwhile, it will be on the formulary. Systematic reviews of pharmacotherapy choices are available from the Drug Effectiveness Review Project and the Cochrane Library. Drug-specific independent resources include *The Medical Letter* and the *BMJ Drugs and Therapeutics Bulletin*.

- **Enforcement**

AMCs with effective policies specify penalties for vendor non-compliance. One AMC suspends vendors with two violations for six months, and permanently bans vendors with three violations. Another will prohibit access for all representatives of a company if one vendor commits three violations. Some AMCs have found such stringent policies difficult to enforce.

III. Example Policies

Stanford University School of Medicine, the Stanford Hospital and Clinics

Site Access by Sales and Marketing Representatives

- A. Sales and marketing representatives are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment. (Note: Vendor policies are already in place in the hospitals and will need to be made consonant with this policy.)
- B. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:
 - 1) In-service training of Stanford Hospital and Clinic or Lucile Packard Children's Hospital personnel for research or clinical equipment or devices already purchased.
 - 2) Evaluation of new purchases of equipment, devices, or related items.
- C. Appointments to obtain information about new drugs in the formulary will normally be issued by the hospital pharmacy or by Pharmaceutical and Therapeutics Committees.

Tufts Medical Center (formerly known as Tufts New England Medical Center) Hospital-Wide Policy

Vendor Visits

1. Those vendor representatives interested in a business relationship with Tufts-NEMC will be required to sign an acknowledgement regarding an awareness of the provisions of this Guide for Vendor Access and Interaction and an intention to comply with relevant policies and procedures noted therein. The Tufts-NEMC Purchasing Manager or designee is designated as the liaison to coordinate this process.
2. All vendor representatives must register at the Purchasing Office prior to visiting with Tufts-NEMC faculty or staff. The Purchasing Manager or appropriate Buyer will assess the purpose of the visit determine if the Vendor's product or service has merit and is consistent with Tufts-NEMC's formulary and contractual relationships. A unique identification badge will be issued to the vendor to authorize his/her visit. This ID will be valid for one day only and specify the department or person the vendor is entitled to visit. Under no circumstances shall a vendor representative visit any area that is not indicated on his/her I.D. badge. Badges must be worn at all times while visiting the organization. Department managers and staff who encounter vendor representatives without a badge should direct such individuals to the Purchasing or Pharmacy department in order to obtain authorization for the visit. If problems are experienced in this regard, Security should be contacted to escort noncompliant individuals from the premises. Pharmacy and Information Systems vendor personnel should report to these respective

departments for access to the organization.

Tufts Medical Center Hospital-Wide Policy

Pharmacy Only: All pharmaceutical company representatives must obtain and comply with established Pharmaceutical Representative Guidelines which are available in the Pharmacy Department - located in the South Building basement. The Pharmacy will provide policies and guidelines pertaining to pharmaceutical industry vendor access, and insure compliance.

Vendor Access:

1. Vendors are restricted in access to:
 - a. Physicians' (faculty) offices (appointment only)
 - b. Department offices (appointment only)
 - c. Pharmacy administration (appointment only)
 - d. Conference rooms (invitation only)
 - e. Public areas
2. Under most circumstances, vendors are prohibited from entering patient care areas within Tufts-NEMC and health centers including:
 - a. Emergency Department
 - b. Preoperative Services
 - c. Medical Procedures Units
 - d. Cardiac Study Units
 - e. Intensive Care, Special Procedure, and other patient care units
 - f. Outpatient clinics and clinic staff rooms
 - g. Patient care waiting rooms and hallways
 - h. Pharmacy dispensing areas and storeroom
 - i. Materials Management warehouse

An exception to this is a situation in which a vendor is required for training of Tufts-NEMC employees on new equipment or devices already purchased by Tufts-NEMC, setting up such equipment, or similar activities associated with a contractually agreed to business purpose associated with new technology or devices. These cases must be approved by the appropriate director/chair/division or service chief and are subject to the confidentiality protections in the contract language and the Business Associate Agreement.

Policies for Interactions among Clinicians at Boston Medical Center and Boston University School of Medicine and Representatives of the Healthcare Industry

1. Provision of Compensation or Gifts from Industry to Clinicians

- H. As a general rule, industry representatives may not interact with trainees at BMC or on the BUSM campus. Interactions are allowed in limited circumstances, however, when the expertise of representatives is required for instruction in the use of a device and a faculty member is present to supervise the interaction. [...]
- J. Industry representatives are not allowed in in-patient or out-patient care areas and must visit with clinicians by appointment only. Under limited circumstances, device industry representatives may be allowed in patient care areas at the request of a clinician to facilitate a clinical procedure involving a pertinent device. Under these circumstances, representatives must comply with all BMC patient care requirements and wear appropriate clothing and identification that distinguishes them from employed staff.

REFERENCES

- ¹ Elliott, C. "The Drug Pushers" Atlantic Monthly April 2006
<http://www.theatlantic.com/doc/200604/drug-reps>
- ² Verispan. 2006 Year in Review. April 11, 2007
- ³ Wazana A. (<http://jama.ama-assn.org/cgi/content/abstract/283/3/373>)
- ⁴ Idem
- ⁵ Molloy W, Strang D, Guyatt G, et al. Assessing the quality of drug detailing. *J Clin Epidemiol.* 2002;55:825-832
- ⁶ For more information on policies banning gifts and meals please see the "Gifts and Meals" toolkit
- ⁷ Brendan B. McCormick et al., "Effect of Restricting Contact Between Pharmaceutical Company Representatives and Internal Medicine Residents on Posttraining Attitudes and Behavior," *JAMA: The Journal of the American Medical Association* 286, no. 16 (2001): 1994-1999.